



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R12/9-09)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ No ☒ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Sloan	First Name Leeandrea	Middle Name Judell	Nickname Lee	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 5931 Honeywell Drive			5. FAX (Optional) ()	6. E-mail Address (Optional) LeeSloanMD@	
7. City Indianapolis	State IN	ZIP Code 46236	8. County Marion	9. Telephone (Day) (317) 508-5536	10. Telephone (Evening) (317) 508-5536
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.)		

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Lee Sloan, MD for Marion County Coroner					
14. Mailing Address <input type="checkbox"/> Check if this is a new address P.O. Box 20103			15. FAX (Optional) ()		16. E-mail Address (Optional) LeeSloanMD@yahoo.com
17. City Indianapolis	State IN	ZIP Code 46220	18. County Marion	19. Telephone (317) 508-5536	20. Committee Organization Date (MM-DD-YY) 12- -15
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson Billie Breaux					
22. Mailing Address <input type="checkbox"/> Check if this is a new address 5251 Ladywood Bluff Pl			23. FAX (Optional) ()		24. E-mail Address (Optional)
25. City Indianapolis	State IN	ZIP Code 46226	26. County Marion	27. Telephone (Day) (317) 331-6224	28. Telephone (Evening)
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) CNAZE BANK					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer STEPHEN A. REED			Signature of the Committee Chairperson <i>[Signature]</i>		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer STEPHEN A. REED								
34. Mailing Address <input type="checkbox"/> Check if this is a new address 148 E. MARKET STREET, SUITE 300			35. FAX (Optional) 317, 955-6943		36. E-mail Address (Optional) SPEEDCPA@YAHOO.COM			
37. City INDIANAPOLIS	State IN	ZIP Code 46204	38. County MARION	39. Telephone (Day) (317) 955-6933	40. Telephone (Evening) (317) 702-6774			

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).		Signature of Person Accepting Appointment <i>[Signature]</i>	
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Billie Breaux	Signature of Chairperson <i>[Signature]</i>	Date (MM-DD-YY) 1-13-16
43. Typed or Printed Name of Candidate Lee Sloan	Signature of Candidate <i>[Signature]</i>	Date (MM-DD-YY) 01-08-16

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

RECEIVED

JAN 15 2016

Myra A. Eldridge